PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09/737/564

CLAIMS AS			S FILED - (Column		(Column 2)			SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TC	TAL CLAIMS		. *					RATE	FEE		RATE	FEE
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			子 minus 20=		•			X\$ 9=	·	OR	X\$18=	
INDEPENDENT CLAIMS			/ minus 3 =		• -			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If	the difference	in column 1 is	less than ze	ro, ente	r "O" in c	olumn 2		TOTAL		OR	TOTAL	710-00
CLAIMS AS AMENDED - PART II									L		OTHER	
	A PART TO SAME A L	(Column 1)	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	(Colui		(Column 3)		SMALL	ENTITY	OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL > FEE
	Total	· 8	Minus	** 0	20	=		X\$ 9=		OR	X\$18=	,
	Independent	· 2	Minus	***	3	<u>L</u>		X40= :		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PNDEN	CLAIM			+135=		OR	+270=	
			•		-1 8			TOTAL ADDIT, FEE		AP.	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)											ADDIT, FEET	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 8	Minus	2	0	= /		X\$ 9=		OR	X\$18=	
	Independent	. 2	Minus	*** (3	= (:]	X40=		ØВ	X80=	·
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.105			.070	
								+135= TOTAL		OR	+270= TOTAL	
								ADDIT. FEE	·	OR	ADDIT, FEE	
	Designation of the second	(Column 1) CLAIMS	h fiz wasinin	(Colui		(Column 3)	١.			,		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	4**		=]	X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT	CLAIM		1					
* 1	f the entry in colur	nn 1 is loss than ti	ne entry in colo	mn 2 write	a "O" in co	lumn 3.		+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **OPTION OF TOTAL ADDIT. FEE												
		ber Previously Pa					er fou	ind in the app	oropriate box	k in co	lumn 1.	